Healthcare Information Resource Center

OSHPD

Planning for ...
California's Health Care Future

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Datafile Documentation for
Annual Utilization Report of Long-term Care Facilities

For Calendar Year

2001

Annual Utilization Report of Long-term Care Facilities for 2001
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AnnlUtilizLTC Revised 9/10/02

GENERAL INFORMATION

The Office of Statewide Health Planning and Development (OSHPD) annually produces this data file which contains 300 elements of utilization data from the *Annual Utilization Report of Long-term Care Facilities* (*AURLTC*). The data file includes utilization information from reports filed by California's licensed long-term care facilities. OSHPD staff reviews each report for correctness and completeness. OSHPD contacts facility staff when data reported appear incomplete or do not conform to established edits. If necessary, corrections are made to the data in consultation with the LTC facility staff. Once the review process for all reports has been completed, the database is closed and made available to the public. The data file contains data from the 2001 calendar year: January 1, 2001 – December 31, 2001.

This documentation includes descriptions of each data element (data field). It may also be helpful to review the *AURLTC* 2001 reporting form. A copy of the form in PDF file format is included as Appendix B in this documentation package. Users can also view or download a copy of the form by accessing the OSHPD website:
http://www.oshpd.state.ca.us/hid/HID/ltc/util/index.htm#forms

Report form instructions can be downloaded from the website as well.

Due to the large number of data items, the data are separated into two files. **File one** (LTC01P1.TXT) contains basic facility identification information and the data items from the *AURLTC*, pages 0 through 4. **File two** (LTC01P2.TXT) contains the data items from report pages 5 and 6.

Header Rows
The first two rows are header rows containing column (field) titles. The first row is an abbreviation of the field description. The second row contains field names depicting the location of the data on the Report by page, line and column numbers (e.g., P040201 where the total number of admissions in the facility is entered by LTC facility report preparers. The letter "P" precedes all field names for reported data). The inclusion of two header rows is useful but care should be exercised when doing sorts that automatically include both header rows.

Importing Comma-delimited Text Data Files

The files are in a comma-delimited text (TXT) format for use in spreadsheet and database applications. SAS and other statistics programs can also read the files. Most spreadsheet or database programs require that you import files through its import feature and it's a good idea to review your software's import features for more specific instructions. TXT files should not be opened by double-clicking the file with Windows Explorer. This will only result in Wordpad or Notepad automatically opening the file. TXT files must be imported into your application. Regarding the import process: It is important to consider the planned uses of the data. Current software applications feature helpful "Import Wizards" that provide guidance on such file import options as cell and column formatting for text, date, numerical use, and appearance. The user may want to consider particular formats for the following fields during the import process:

Page Line Column Number	Field Name	Format Consideration
OSHPD_ID	OSHPD_ID	Use the same format in both data files
COUNTY	COUNTY	Leading zeros of county codes
HSA	HSA	Leading zeros, health service area codes

Page Line Column Number	Field Name	Format Consideration
HFPA	HFPA	Leading zeros, hlth. fac. planning area codes
P000103	RPT_STATUS	Leading zeros of status codes
P020101	BEG_DATE	Dates
P020102	END_DATE	Dates
P020201	LICENSEE TYPE	Leading zeros of status codes
P020301	TYPE_SVC	Leading zeros of status codes

The Readme document guide that is included in this package also offers some assistance with text files. If you continue to have problems, contact a technical representative at Healthcare Information Resource Center (HIRC) at (916) 322-2814. Be aware that the OSHPD staff can only answer technical data questions. You must contact the software company's technical support service regarding operation of your software.

Number of LTC Facilities and General Notes

There are 1,244 LTC facilities included in this data file. Each line (row) represents one facility. There are 300 data fields that contain reported information from the facilities. Except for a small number of fields that relate primarily to general facility information, the data file and the *AURLTC* report form blocks are identical. The information in the general facility information fields is maintained by the State Department of Health Services and provided to OSHPD through the Licensing File System (LFS).

Data File Documentation Description and Specifications Layout

Spreadsheet Columns
Indicates the column in which the data item is located if the file is imported into a spreadsheet. The columns are in alphabetical order.

Page, Line, & Column
This item represents the report page, line, and column in the *Annual Utilization Report of Long-term Care* input document.

Field Name
This lists the English abbreviated name for each field.

Field Description and Codes Definition
This field provides more information about the data item and will include a brief description or list of any codes or numbers that may affect the data item.

Annual Utilization Report of Long-term Care Facilities – 2001

Spreadsheet Columns	Page, Line, & Column No.	Field Name	*Longterm Care Utilization 2001 Data File Specifications and Fields*
			Field Description and Codes Definition
DATA FILE ONE			
A	OSHPD_ID	OSHPD_ID	OSHPD Facility Number (9 digits)
B	COUNTY	COUNTY	County Number [see County Codes List, Appendix A]
C	PERMID	PERM_ID	OSHPD Permanent ID Number (5 digit number, Office processes)
D	LICTYPE	LIC_TYPE	<u>Codes</u> <u>License Type (LFS)</u> 1 Skilled Nursing (General) 2 Intermediate Care (General) 4 Intermediate Care/Developmentally Disabled) 6 Congregate Living
E	LICDATE	LIC_DATE	LFS First Licensed Date
F	LSTAT	LIC_STATUS_CODE	Status of facility's license: C=closed; S=suspense; [blank]=open
G	LSTATDT	LIC_STATUS_DATE	Date of status of facility's license
H	OSTAT	RE-OPEN_FACIL_STATUS	Re-opened facility & Lic. Code O=re-opened after suspense or closure
I	OSTATDT	RE-OPEN_FACIL_STATUS_DATE	Date facility re-opened after suspense or closure
J	ConNumA	TYPE_CONSOL	Consolidation Type
K	ConNumB	PAR_SATL_CONSOL	Consolidated Parent/Satellite
L	ConNumC	NUM_CONSOL	Consolidation Seq Number
M	ConDate	DATE_CONSOL	Consolidation Date
N	DBAName	FAC_NAME	Facility Name DBA (on 12/31)
O	DBAAddr	ADDRESS	Address (DBA)
P	DBACity	CITY	City (DBA)
Q	DBAZip	ZIP_CODE	Zip Code (DBA)
R	MLAttn	MAIL_ATTN	Attention (Mailing Address)
S	MLAddr	MAIL_ADD	Address (Mailing Address)
T	MLCity	MAIL_CITY	City (Mailing Address)
U	MLState	MAIL_STATE	State (Mailing Address)
V	MLZIP	MAIL_ZIP	Zip Code (Mailing Address)
W	HSA	HSA	Health Service Area Codes: 01-14
X	HFPA	HFPA	Health Facility Planning Area 0101-1424

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Spreadsheet	Page, Line, &		*Longterm Care Utilization 2001 Data File Specifications and Fields*
Columns	Column No.	Field Name	Field Description and Codes Definition
Y	COMPSTAT	COMP_STATUS	**LFS combined license status code, open, & status & their dates** **Codes** **Computed Status Code** C Closed during current calendar year K Consolidated during current calendar year NO New (licensed this calendar year), Operating on 12/31 NS New (lic. this cal. year), in Suspense on 12/31 NC New (lic. this cal. year), Closed on 12/31 NSM New (lic. this cal. year), in Suspense during year, Operating 12/31 OA Operating all year SA In suspense all year SB In suspense on January 1, Operating on December 31 SE Operating January 1, in Suspense on December 31 SM Operating on 1/1 & 12/31, in Suspense for a period during year SBE In Suspense on 1/1 & 12/31, License reactivated period during yr.
Z	P000102	UTIL_TYP	**Utilization Type Codes (Patient Day Mix)** **Codes** **Utilization Type** 1 Skilled Nursing (General) 2 Intermediate Care (General) 3 Intermediate Care/Developmentally Disabled) 4 Skilled Nursing/Mentally Disordered 5 Congregate Living 6 Mixed: Skilled Nursing (General) & Intermediate Care (General) 7 Mixed: IC/DD or SN/MD and SN/IC General

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Longterm Care Utilization 2001 Data File Specifications and Fields
			Field Description and Codes Definition
AA	P000103	RPT_STATUS	**Report Status combines facil. licen. status & Annual Rpt. status** <u>**Codes**</u> <u>**Report Status**</u> 01 License in suspense all year, no report required 02 License in suspense, data reported 03 License in suspense, nonrespondent 04 Facility closed, data reported 05 Facility closed, nonrespondent 06 Licensed but not in operation 07 Facility open, data reported (most facilitys) 08 Facility open, nonrespondent 09 Facility open, partial year data reported (change of ownership) 10 Facility open, report a combination of data from 2 (or more) owners 11 Closed, data unavailable 12 New, first licensed in 2001, data reported 13 New, first licensed in 2001, non-respondent

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Longterm Care Utilization 2001 Data File Specifications and Fields
			Field Description and Codes Definition
AB	P000106	LIC_TYPE	**License Type Codes** **Codes** **License Type** 1 Skilled Nursing (General) 2 Intermediate Care (General) 4 Intermediate Care/Developmentally Disabled 6 Congregate Living
AC	P010301	PHONE	Phone Number
AD	P020101	BEG_DATE	Dates of Oper: From (CCYYMMDD)
AE	P020102	END_DATE	Dates of Oper: Thru (CCYYMMDD)
AF	P020201	LICENSEE (OWNERSHIP) TYPE	**Licensee (Ownership) Type Codes** **Codes** **Licensee Facility Ownership Type** 11 State 12 Local Government: County, City or Hospital District 20 Nonprofit, Church Related 21 Nonprofit, Corporation 22 Nonprofit, Other 23 For profit: Partnership, Corporation or Individually Owned 00 Unknown (Facility failed to file an Annual Report)
AG	P030101	HOSPICE_IND	Hospice during reporting year (1 if Yes)
AH	P030501	CERT_MCAR_SN	Certified for Medicare: Skilled Nursing (1 if Yes)
AI	P030502	CERT_MCAL_SN	Certified for Medi-Cal: Skilled Nursing (1 if Yes)
AJ	P030503	CERT_MCAL_IC	Certified for Medi-Cal: Intermediate Care (1 if Yes)
AK	P030504	CERT_MCAL_ICDD	Certified for Medi-Cal: Intermediate Care/DD (1 if Yes)
AL	P030505	CERT_MCAL_SUB	Certified for Medi-Cal: Subacute (1 if Yes)
AM	P031101	DIS_LT_TOT	Discharges: LTC Total
AN	P031201	DIS_LT_<2WK	Discharges:: Less Than 2 Weeks
AO	P031301	DIS_LT_2WK_<1MO	Discharges: 2 Weeks but Less Than 1 Month
AP	P031401	DIS_LT_1-3MO	Discharges: 1 Month but Less Than 3 Months
AQ	P031501	DIS_LT_3-6MO	Discharges: 3 To 6 Months
AR	P031601	DIS_LT_7-12MO	Discharges: 7 To 12 Months
AS	P031701	DIS_LT_1YR_<2YR	Discharges: 1 year but Less than 2 yrs
AT	P031801	DIS_LT_2YR_<3YR	Discharges: 2 Years but Less than 3 yrs
AU	P031901	DIS_LT_3YR_<5YR	Discharges: 3 Years but Less than 5 yrs
AV	P032001	DIS_LT_5YR_<7YR	Discharges: 5 Years but Less than 7
AW	P032101	DIS_LT_7YR_<10YR	Discharges: 7 Years but Less Than 10
AX	P032201	DIS_LT_>=10YR	Discharges: 10 Years or More
AY	P034101	PT_AIDS-HIV	Patients Diagn. w/ AIDS, ARC or HIV Related

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	*Longterm Care Utilization 2001 Data File Specifications and Fields* Field Description and Codes Definition
AZ	P034201	ALZHMR_PROG	Alzheimers Disease Program (1 if Yes)
BA	P034301	PT_ALZHMR	Patients w/ Primary or Secondary Diag, Alzheimers
BB	P040101	CENS-PY_LT_SN-GEN	Census, Prior Year 12/31, Skilled Nursing (General)
BC	P040102	CENS-PY_IC-GEN	Census, Prior Year 12/31, Intermediate Care (General)
BD	P040103	CENS-PY_SN-MD	Census, Prior Year 12/31, Skilled Nursing-Mentally Disordered
BE	P040104	CENS-PY_IC-DD	Census, Prior Year 12/31, Intermediate Care-Dev. Disabled
BF	P040105	CENS-PY_CL	Census, Prior Year 12/31, Congregate Living
BG	P040106	CENS-PY_TOT	Census, Prior Year on 12/31 Total
BH	P040201	ADM_LT_SN-GEN	Admissions, Skilled Nursing-Gen
BI	P040202	ADM_LT_IC-GEN	Admissions, Intermediate Care (General)
BJ	P040203	ADM_LT_SN-MD	Admissions, Skilled Nursing Mentally Disordered
BK	P040204	ADM_LT_IC-DD	Admissions, Intermediate Care-Dev. Disabled
BL	P040205	ADM_LT_CL	Admissions, Congregate Living
BM	P040206	ADM_LT_TOT	Admissions, Total
BN	P040207	ADM_LT_HOME	Admitted from Home
BO	P040208	ADM_LT_HOSP	Admitted from Hospital
BP	P040209	ADM_LT_ST-HOSP	Admitted from State Hospital
BQ	P040210	ADM_LT_OTHR-LTC	Admitted from Other Long Term Care
BR	P040211	ADM_LT_RESIDNT	Admitted from Residential/Board & Care
BS	P040212	ADM_LT_OTHR	Admitted from Other
BT	P040301	DIS_LT_SN-GEN	Discharges, Skilled Nursing (General)
BU	P040302	DIS_LT_IC-GEN	Discharges, Intermediate Care (General)
BV	P040303	DIS_LT_SN-MD	Discharges, Skilled Nursing-Mentally Disordered
BW	P040304	DIS_LT_IC-DD	Discharges, Intermediate Care-Developmentally Disabled
BX	P040305	DIS_LT_CL	Discharges, Congregate Living
BY	P040306	DIS_LT_TOT2	Discharges, Total
BZ	P040307	DIS_LT_HOME	Discharged to Home
CA	P040308	DIS_LT_HOSP	Discharged to Hospital
CB	P040309	DIS_LT_ST-HOSP	Discharged to State Hospital
CC	P040310	DIS_LT_OTHR-LTC	Discharged to Other Long Term Care
CD	P040311	DIS_LT_RES_BDC	Discharged to Residential/Board & Care
CE	P040312	DIS_LT_OTHR	Discharged to Other
CF	P040313	DIS_LT_AWOL/AMA	Discharged to AWOL/AMA
CG	P040314	DIS_LT_DEATH	Discharged to Death
CH	P040401	CENS_LT_SN-GEN	Census: Skilled Nursing (General)
CI	P040402	CENS_LT_IC-GEN	Census: Intermediate Care (General)
CJ	P040403	CENS_LT_SN-MD	Census: Skilled Nursing-Mentally Disordered
CK	P040404	CENS_LT_IC-DD	Census: Intermediate Care-Developmentally Disabled

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Longterm Care Utilization 2001 Data File Specifications and Fields / Field Description and Codes Definition
CL	P040405	CENS_LT_CL	Census: Congregate Living
CM	P040406	CENS_LT_TOT	Census: Total LTC Patients on 12/31
CN	P040407	CENS_LT_MCAR	Census: Medicare
CO	P040408	CENS_LT_MCAL	Census: Medi-Cal
CP	P040409	CENS_LT_HMO	Census: HMO
CQ	P040410	CENS_LT_PVT_INS	Census: Private Ins.
CR	P040411	CENS_LT_PVT_SELF-PAY	Census: Private Pay
CS	P040414	CENS_LT_PVT_OTHR	Census: Other
CT	P040501	DAY_LT_SN-GEN	Patient Days: Skilled Nursing (General)
CU	P040502	DAY_LT_IC-GEN	Patient Days, LTC Patient Intermediate Care (General)
CV	P040503	DAY_LT_SN-MD	Patient Days: Skilled Nursing-Mentally Disordered
CW	P040504	DAY_LT_IC-DD	Patient Days: Intermediate Care-Developmentally Disabled
CX	P040505	DAY_LT_CL	Patient Days: Congregate Living
CY	P040506	DAY_LT_TOT	Patient Days: Total
CZ	P040601	BED_LIC_LT_SN-GEN	Licensed Beds: Skilled Nursing (General)
DA	P040602	BED_LIC_LT_IC-GEN	Licensed Beds: Intermediate Care (General)
DB	P040603	BED_LIC_LT_SN-MD	Licensed Beds: Skilled Nursing-Mentally Disordered
DC	P040604	BED_LIC_LT_IC-DD	Licensed Beds: Intermediate Care-Developmentally Disabled
DD	P040605	BED_LIC_LT_CL	Licensed Beds: Congregate Living
DE	P040606	BED_LIC_LT_TOT	Licensed Beds: Total
DF	P040701	DAY_LICBED_LT_SN-GEN	Licensed Bed Days: Skilled Nursing (General)
DG	P040702	DAY_LICBED_LT_IC-GEN	Licensed Bed Days: Intermediate Care (General)
DH	P040703	DAY_LICBED_LT_SN-MD	Licensed Bed Days: Skilled Nursing-Mentally Disordered
DI	P040704	DAY_LICBED_LT_IC-DD	Licensed Bed Days: Intermediate Care-Developmentally Disabled
DJ	P040705	DAY_LICBED_LT_CL	Licensed Bed Days: Congregate Living
DK	P040706	DAY_LICBED_LT_TOT	Licensed Bed Days: Total Licensed Bed
DATA FILE TWO			
A	OSHPD_ID	OSHPD_ID	OSHPD Facility Number (9 digits & repeat of first field 1 File #1)
B	P050101	CENS_LT_TOT2	Census, Total Patient on 12/31
C	P050201	M_CENS_LT_TOT	Male, Total
D	P050301	F_CENS_LT_TOT	Female, Total
E	P050401	M_WHI_LT<45	Male, White, Under 45 Years
F	P050402	M_WHI_LT_45-54	Male, White, 45-54 Years
G	P050403	M_WHI_LT_55-64	Male, White, 55-64 Years
H	P050404	M_WHI_LT_65-74	Male, White, 65-74 Years
I	P050405	M_WHI_LT_75-84	Male, White, 75-84 Years
J	P050406	M_WHI_LT_85-94	Male, White, 85-94 Years
K	P050407	M_WHI_LT_>=95	Male, White, 95 Years and Older

Spreadsheet Columns	Page, Line, & Column No.	Field Name	*Longterm Care Utilization 2001 Data File Specifications and Fields* Field Description and Codes Definition
L	P050501	M_BLK_LT<45	Male, Black, Under 45 Years
M	P050502	M_BLK_LT_45-54	Male, Black, 45-54 Years
N	P050503	M_BLK_LT_55-64	Male, Black, 55-64 Years
O	P050504	M_BLK_LT_65-74	Male, Black, 65-74 Years
P	P050505	M_BLK_LT_75-84	Male, Black, 75-84 Years
Q	P050506	M_BLK_LT_85-94	Male, Black, 85-94 Years
R	P050507	M_BLK_LT_>=95	Male, Black, 95 Years and Older
S	P050601	M_HIS_LT<45	Male, Hispanic, Under 45 Years
T	P050602	M_HIS_LT_45-54	Male, Hispanic, 45-54 Years
U	P050603	M_HIS_LT_55-64	Male, Hispanic, 55-64 Years
V	P050604	M_HIS_LT_65-74	Male, Hispanic, 65-74 Years
W	P050605	M_HIS_LT_75-84	Male, Hispanic, 75-84 Years
X	P050606	M_HIS_LT_85-94	Male, Hispanic, 85-94 Years
Y	P050607	M_HIS_LT_>=95	Male, Hispanic, 95 Years and Older
Z	P050701	M_ASI_LT_<45	Male, Asian, Under 45 Years
AA	P050702	M_ASI_LT_45-54	Male, Asian, 45-54 Years
AB	P050703	M_ASI_LT_55-64	Male, Asian, 55-64 Years
AC	P050704	M_ASI_LT_65-74	Male, Asian, 65-74 Years
AD	P050705	M_ASI_LT_75-84	Male, Asian, 75-84 Years
AE	P050706	M_ASI_LT_85-94	Male, Asian, 85-94 Years
AF	P050707	M_ASI_LT_>=95	Male, Asian, 95 Years and Older
AG	P050801	M_FIL_LT_<45	Male, Filipino, Under 45
AH	P050802	M_FIL_LT_45-54	Male, Filipino, 45-54 Years
AI	P050803	M_FIL_LT_55-64	Male, Filipino, 55-64 Years
AJ	P050804	M_FIL_LT_65-74	Male, Filipino, 65-74 Years
AK	P050805	M_FIL_LT_75-84	Male, Filipino, 75-84 Years
AL	P050806	M_FIL_LT_85-94	Male, Filipino, 85-94 Years
AM	P050807	M_FIL_LT_>=95	Male, Filipino, 95 Years and Older
AN	P050901	M_PAI_LT_<45	Male, Pacific Islander, Under 45 Years
AO	P050902	M_PAI_LT_45-54	Male, Pacific Islander, 45-54 Years
AP	P050903	M_PAI_LT_55-64	Male, Pacific Islander, 55-64 Years
AQ	P050904	M_PAI_LT_65-74	Male, Pacific Islander, 65-74 Years
AR	P050905	M_PAI_LT_75-84	Male, Pacific Islander, 75-84 Years
AS	P050906	M_PAI_LT_85-94	Male, Pacific Islander, 85-94 Years
AT	P050907	M_PAI_LT_>=95	Male, Pacific Islander, 95 Years and Older
AU	P051001	M_NAM_LT_<45	Male, Native American, Under 45 Years
AV	P051002	M_NAM_LT_45-54	Male, Native American, 45-54 Years
AW	P051003	M_NAM_LT_55-64	Male, Native American, 55-64 Years

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Spreadsheet Columns	Page, Line, & Column No.	Field Name	Longterm Care Utilization 2001 Data File Specifications and Fields
			Field Description and Codes Definition
AX	P051004	M_NAM_LT_65-74	Male, Native American, 65-74 Years
AY	P051005	M_NAM_LT_75-84	Male, Native American, 75-84 Years
AZ	P051006	M_NAM_LT_85-94	Male, Native American, 85-94 Years
BA	P051007	M_NAM_LT_>=95	Male, Native American, 95 Years and Older
BB	P051101	M_OTH_LT_<45	Male, Other, Under 45 Years
BC	P051102	M_OTH_LT_45-54	Male, Other, 45-54 Years
BD	P051103	M_OTH_LT_55-64	Male, Other, 55-64 Years
BE	P051104	M_OTH_LT_65-74	Male, Other, 65-74 Years
BF	P051105	M_OTH_LT_75-84	Male, Other, 75-84 Years
BG	P051106	M_OTH_LT_85-94	Male, Other, 85-94 Years
BH	P051107	M_OTH_LT_>=95	Male, Other, 95 Years and Older
BI	P051201	M_TOT_LT_<45	Male, Total, Under 45 Years
BJ	P051202	M_TOT_LT_45-54	Male, Total, 45-54 Years
BK	P051203	M_TOT_LT_55-64	Male, Total, 55-64 Years
BL	P051204	M_TOT_LT_65-74	Male, Total, 65-74 Years
BM	P051205	M_TOT_LT_75-84	Male, Total, 75-84, Years
BN	P051206	M_TOT_LT_85-94	Male, Total, 85-94 Years
BO	P051207	M_TOT_LT_>=95	Male, Total, 95 Years and Older
BP	P051301	F_WHI_LT_<45	Female, White, Under 45 Years
BQ	P051302	F_WHI_LT_45-54	Female, White, 45-54 Years
BR	P051303	F_WHI_LT_55-64	Female, White, 55-64 Years
BS	P051304	F_WHI_LT_65-74	Female, White, 65-74 Years
BT	P051305	F_WHI_LT_75-84	Female, White, 75-84 Years
BU	P051306	F_WHI_LT_85-94	Female, White, 85-94 Years
BV	P051307	F_WHI_LT_>=95	Female, White, 95 Years and Older
BW	P051401	F_BLK_LT_<45	Female, Black, Under 45 Years
BX	P051402	F_BLK_LT_45-54	Female, Black, 45-54 Years
BY	P051403	F_BLK_LT_55-64	Female, Black, 55-64 Years
BZ	P051404	F_BLK_LT_65-74	Female, Black, 65-74 Years
CA	P051405	F_BLK_LT_75-84	Female, Black, 75-84 Years
CB	P051406	F_BLK_LT_85-94	Female, Black, 85-94 Years
CC	P051407	F_BLK_LT_>=95	Female, Black, 95 Years and Older
CD	P051501	F_HIS_LT_<45	Female, Hispanic, Under 45 Years
CE	P051502	F_HIS_LT_45-54	Female, Hispanic, 45-54 Years
CF	P051503	F_HIS_LT_55-64	Female, Hispanic, 55-64 Years
CG	P051504	F_HIS_LT_65-74	Female, Hispanic, 65-74 Years
CH	P051505	F_HIS_LT_75-84	Female, Hispanic, 75-84 Years
CI	P051506	F_HIS_LT_85-94	Female, Hispanic, 85-94 Years

Spreadsheet Columns	Page, Line, & Column No.	Field Name	*Longterm Care Utilization 2001 Data File Specifications and Fields* Field Description and Codes Definition
CJ	P051507	F_HIS_LT_>=95	Female, Hispanic, 95 Years and Older
CK	P051601	F_ASI_LT_<45	Female, Asian, Under 45 Years
CL	P051602	F_ASI_LT_45-54	Female, Asian, 45-54 Years
CM	P051603	F_ASI_LT_55-64	Female, Asian, 55-64 Years
CN	P051604	F_ASI_LT_65-74	Female, Asian, 65-74 Years
CO	P051605	F_ASI_LT_75-84	Female, Asian, 75-84 Years
CP	P051606	F_ASI_LT_85-94	Female, Asian, 85-94 Years
CQ	P051607	F_ASI_LT_>=95	Female, Asian, 95 Years and Older
CR	P051701	F_FIL_LT_<45	Female, Filipino, Under 45
CS	P051702	F_FIL_LT_45-54	Female, Filipino, 45-54 Years
CT	P051703	F_FIL_LT_55-64	Female, Filipino, 55-64 Years
CU	P051704	F_FIL_LT_65-74	Female, Filipino, 65-74 Years
CV	P051705	F_FIL_LT_75-84	Female, Filipino, 75-84 Years
CW	P051706	F_FIL_LT_85-94	Female, Filipino, 85-94 Years
CX	P051707	F_FIL_LT_>=95	Female, Filipino, 95 Years and Older
CY	P051801	F_PAI_LT_<45	Female, Pacific Islander, Under 45 Years
CZ	P051802	F_PAI_LT_45-54	Female, Pacific Islander, 45-54 Years
DA	P051803	F_PAI_LT_55-64	Female, Pacific Islander, 55-64 Years
DB	P051804	F_PAI_LT_65-74	Female, Pacific Islander, 65-74 Years
DC	P051805	F_PAI_LT_75-84	Female, Pacific Islander, 75-84 Years
DD	P051806	F_PAI_LT_85-94	Female, Pacific Islander, 85-94 Years
DE	P051807	F_PAI_LT_>=95	Female, Pacific Islander, 95 Years and Older
DF	P051901	F_NAM_LT_<45	Female, Native American, Under 45 Years
DG	P051902	F_NAM_LT_45-54	Female, Native American, 45-54 Years
DH	P051903	F_NAM_LT_55-64	Female, Native American, 55-64 Years
DI	P051904	F_NAM_LT_65-74	Female, Native American, 65-74 Years
DJ	P051905	F_NAM_LT_75-84	Female, Native American, 75-84 Years
DK	P051906	F_NAM_LT_85-94	Female, Native American, 85-94 Years
DL	P051907	F_NAM_LT_>=95	Female, Native American, 95 Years and Older
DM	P052001	F_OTH_LT_<45	Female, Other, Under 45 Years
DN	P052002	F_OTH_LT_45-54	Female, Other, 45-54 Years
DO	P052003	F_OTH_LT_55-64	Female, Other, 55-64 Years
DP	P052004	F_OTH_LT_65-74	Female, Other, 65-74 Years
DQ	P052005	F_OTH_LT_75-84	Female, Other, 75-84 Years
DR	P052006	F_OTH_LT_85-94	Female, Other, 85-94 Years
DS	P052007	F_OTH_LT_>=95	Female, Other, 95 Years and Older
DT	P052101	F_TOT_LT_<45	Female, Total, Under 45 Years
DU	P052102	F_TOT_LT_45-54	Female, Total, 45-54 Years

Annual Utilization Report of Long-term Care Facilities – 2001

Spreadsheet Columns	Page, Line, & Column No.	Field Name	Longterm Care Utilization 2001 Data File Specifications and Fields
			Field Description and Codes Definition
DV	P052103	F_TOT_LT_55-64	Female, Total, 55-64 Years
DW	P052104	F_TOT_LT_65-74	Female, Total, 65-74 Years
DX	P052105	F_TOT_LT_75-84	Female, Total, 75-84, Years
DY	P052106	F_TOT_LT_85-94	Female, Total, 85-94 Years
DZ	P052107	F_TOT_LT_>=95	Female, Total, 95 Years and Older
EA	P060101	BED_SUB	Beds, SubAcute
EB	P060201	CENS_SUB_<=20	Census, Subacute 12/31, 20 Yr & Under
EC	P060202	CENS_SUB_>=21	Census, Subacute 12/31, 21 Yr & Older
ED	P060301	ADM_SUB_<=20	Admissions, Subacute 12/31, 20 Yr & Under
EE	P060302	ADM_SUB_>=21	Admissions, Subacute 12/31, 21 Yr & Older
EF	P060401	DIS_SUB_<=20	Discharges, Subacute 12/31, 20 Yr & Under
EG	P060402	DIS_SUB_>=21	Discharges, Subacute 12/31, 21 Yr & Older
EH	P060501	DAY_SUB_<=20	Days, Subacute 12/31, 20 Yr & Under
EI	P060502	DAY_SUB_>=21	Days, Subacute 12/31, 21 Yr & Older
EJ	P061001	ADM_SUB_HOME_<=20	Admissions, Subacute from Home, 20 Yr & Under
EK	P061002	ADM_SUB_HOME_>=21	Admissions, Subacute from Home, 21 Yr & Older
EL	P061101	ADM_SUB_ST-HOSP_<=20	Admissions, Subacute from State hosp, 20 Yr & Under
EM	P061102	ADM_SUB_ST-HOSP_>=21	Admissions, Subacute from State hosp, 21 Yr & Older
EN	P061201	ADM_SUB_RESIDNT_<=20	Admissions, Subacute from Residential B&C, 20 Yr & Under
EO	P061202	ADM_SUB_RESIDNT_>=21	Admissions, Subacute from Residential B&C, 21 Yr & Older
EP	P061301	ADM_SUB_HOSP_<=20	Admissions, Subacute from Hospital, 20 Yr & Under
EQ	P061302	ADM_SUB_HOSP_>=21	Admissions, Subacute from Hospital, 21 Yr & Older
ER	P061401	ADM_SUB_LTC_<=20	Admissions, Subacute from Other LTC, 20 Yr & Under
ES	P061402	ADM_SUB_LTC_>=21	Admissions, Subacute from Other LTC, 21 Yr & Older
ET	P061501	ADM_SUB_OTHR_<=20	Admissions, Subacute from Other, 20 Yr & Under
EU	P061502	ADM_SUB_OTHR_>=21	Admissions, Subacute from Other, 21 Yr & Older
EV	P062001	DIS_SUB_HOME_<=20	Discharges, Subacute to Home, 20 Yr & Under
EW	P062002	DIS_SUB_HOME_>=21	Discharges, Subacute to Home, 21 Yr & Older
EX	P062101	DIS_SUB_ST-HOSP_<=20	Discharges, Subacute to State hosp, 20 Yr & Under
EY	P062102	DIS_SUB_ST-HOSP_>=21	Discharges, Subacute to State hosp, 21 Yr & Older
EZ	P062201	DIS_SUB_RESIDNT_<=20	Discharges, Subacute to Residential B&C, 20 Yr & Under
FA	P062202	DIS_SUB_RESIDNT_>=21	Discharges, Subacute to Residential B&C, 21 Yr & Older
FB	P062301	DIS_SUB_HOSP_<=20	Discharges, Subacute to Hospital, 20 Yr & Under
FC	P062302	DIS_SUB_HOSP_>=21	Discharges, Subacute to Hospital, 21 Yr & Older
FD	P062401	DIS_SUB_LTC_<=20	Discharges, Subacute to Other LTC, 20 Yr & Under
FE	P062402	DIS_SUB_LTC_>=21	Discharges, Subacute to Other LTC, 21 Yr & Older
FF	P062501	DIS_SUB_OTHR_<=20	Discharges, Subacute to Other, 20 Yr & Under
FG	P062502	DIS_SUB_OTHR_>=21	Discharges, Subacute to Other, 21 Yr & Older

Annual Utilization Report of Long-term Care Facilities – 2001

Spreadsheet Columns	Page, Line, & Column No.	Field Name	Longterm Care Utilization 2001 Data File Specifications and Fields
			Field Description and Codes Definition
FH	P062601	DIS_SUB_DEATH_<=20	Discharges, Subacute to Death, 20 Yr & Under
FI	P062602	DIS_SUB_DEATH_>=21	Discharges, Subacute to Death, 21 Yr & Older
FJ	P063101	PT_SUB_TRACH_WVENT_<=20	Patient, Subacute Tracheostomy w/Ventilator 20 Yr & Under
FK	P063102	PT_SUB_TRACH_WVENT_>=21	Patient, Subacute Tracheostomy w/Ventilator 20 Yr & Over
FL	P063201	PT_SUB_TRACH_WOVENT_<=20	Patient, Subacute Tracheostomy w/o Ventilator 20 Yr & Under
FM	P063202	PT_SUB_TRACH_WOVENT_>=21	Patient, Subacute Tracheostomy w/o Ventilator 20 Yr & Over
FN	P063301	PT_SUB_TUBEFEED_<=20	Patient, Subacute Tube Feeding 20 Yr & Under
FO	P063302	PT_SUB_TUBEFEED_>=21	Patient, Subacute Tube Feeding 20 Yr & Over
FP	P063401	PT_SUB_TPN_<=20	Patient, Subacute Total Parenteral Nutrition 20 Yr & Under
FQ	P063402	PT_SUB_TPN_>=21	Patient, Subacute Total Parenteral Nutrition 20 Yr & Over
FR	P063501	PT_SUB_PHY_THER_<=20	Patient, Subacute Physical Therapy 20 Yr & Under
FS	P063502	PT_SUB_PHY_THER_>=21	Patient, Subacute Physical Therapy 20 Yr & Over
FT	P063601	PT_SUB_SPE_THER_<=20	Patient, Subacute Speech Therapy 20 Yr & Under
FU	P063602	PT_SUB_SPE_THER_>=21	Patient, Subacute Speech Therapy 20 Yr & Over
FV	P063701	PT_SUB_OCC_THER_<=20	Patient, Subacute Occupational Therapy 20 Yr & Under
FW	P063702	PT_SUB_OCC_THER_>=21	Patient, Subacute Occupational Therapy 20 Yr & Over
FX	P063801	PT_SUB_IV_THER_<=20	Patient, Subacute IV Therapy 20 Yr & Under
FY	P063802	PT_SUB_IV_THER_>=21	Patient, Subacute IV Therapy 20 Yr & Over
FZ	P063901	PT_SUB_WOUND_CR<=20	Patient, Subacute Wound Care 20 Yr & Under
GA	P063902	PT_SUB_WOUND_CR_>=21	Patient, Subacute Wound Care 20 Yr & Over
GB	P064001	PT_SUB_DIALYS_<=20	Patient, Subacute Peritoneal Dialysis 20 Yr & Under
GC	P064002	PT_SUB_DIALYS_>=21	Patient, Subacute Peritoneal Dialysis 20 Yr & Over

APPENDIX A

Counties Of California

APPENDIX A

COUNTIES OF CALIFORNIA

CODE NUMBERS AND NAMES

COUNTY #	Name	COUNTY #	Name	COUNTY #	Name
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine	21	Marin	41	San Mateo
03	Amador	22	Mariposa	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa	25	Modoc	45	Shasta
07	Contra Costa	26	Mono	46	Sierra
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas	52	Tehama
14	Inyo	33	Riverside	53	Trinity
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

Appendix B

Annual Utilization Report of Long-term Care Facilities 2001
Blank Form

State of California
Office of Statewide Health Planning and Development

ANNUAL UTILIZATION REPORT OF LONG-TERM CARE FACILITIES – 2001

1.   **GENERAL INFORMATION AND CERTIFICATION**

1. D.B.A (Doing Business As) of the Facility:		2. Report Contact Person:
3. Phone Number: ( )	4. FAX Number: ( )	5. Facility Business Phone: ( )
6. Administrator Name:		7. Title:

Completion of the "Annual Utilization Report of Long-Term Care Facilities" is required by Section 127285 of the Health and Safety Code, and is a requirement for the licensure of your health facility. <u>Failure to complete and file this report by February 15, may result in action against the facility's license.</u>

CERTIFICATION

"I declare the following under penalty of perjury: that I am the current administrator of this facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility and the records and logs are true and correct to the best of my information and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from our medical records and logs of the information requested."

Dated:_____   **By:** _____

                                                          (Administrator's Signature)

Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact the Office at (916) 323-7685.

Return **BY FEBRUARY 15, 2002** to:
Office of Statewide Health Planning
   and Development
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Rm. 400
Sacramento, CA 95814

<table>
<tr><td>State Use Only</td></tr>
<tr><td>Page 0 Line 1</td></tr>
<tr><td>Status 3____ Type 6_____</td></tr>
</table>

COMPLETE THIS PAGE ONLY IF THE FACILITY HAS CLOSED, WENT INTO SUSPENSE, NEWLY OPENED OR CHANGED LICENSEE/OWNERSHIP IN 2001.

A. **DATES OF LICENSURE:** If the facility was licensed on or after 1/1 or was delicensed (closed) or went into suspense on or before 12/31, enter the dates of operation on Line 1, Columns 1 and 2. Month = 01 through 12 and Day = 01 through 31.

Col. 1　　　　　　　　　　　　　　Col. 2

1.　　FROM　|____|____|____|____|　THROUGH　|____|____|____|____|
　　　　　　　Month　　Day　　　　　　　　　　Month　　Day

B. **LICENSEE (OWNERSHIP) TYPE:**

From the list below, select the ONE category that best describes the type of ownership (licensee) of your facility and enter the number which appears next to that category. ....2. ____

LICENSEE (OWNERSHIP) CODES		
NONPROFIT	**FOR PROFIT**	**STATE/LOCAL GOVERNMENT**
20 Church Related	23 For Profit, Whether:	11 State
21 Nonprofit Corporation	-Partnership	12 County, City, Hospital District
22 Other _____	-Corporation	
	-Individually Owned for Profit	

A.   **HOSPICE PROGRAM**

   Enter the number 1 only if the facility offered a hospice program during the calendar year? ....1 _____

B.   **CERTIFICATION:**

   From the certification categories below, place a check on those categories for which your facility
   was certified or contracted during the year.

Medicare:	**Medi-Cal:**	**Medi-Cal:**	**Medi-Cal:**	**Medi-Cal**
Skilled Nursing	Skilled Nursing	Intermediate Care	Intermediate Care/DD	Subacute

   Line 5: (Col. 1) ___   (Col. 2) ___   (Col. 3) ___   (Col. 4) ___   (Col. 5) ___

C.   **Length of Stay in Facility** -- All patients <u>discharged</u> (See definition of "discharge" in instruction booklet)

   TABLE A Discharges Long-term Care Patients by Length of Stay

Time in Facility	Line No.	Number of Patients
TOTAL DISCHARGES	11	*
Less than 2 weeks	12	
2 weeks less than 1 month	13	
1 month less than 3 months	14	
3 months less than 7 months	15	
7 months less than 12 months	16	
1 year less than 2	17	
2 years less than 3	18	
3 years less than 5	19	
5 years less than 7	20	
7 years less than 10	21	
10 years or more	22	

   *Total discharges must be the same on page 4, line 3, column 6.

D.   **SPECIAL PROGRAMS**

   During the calendar year, what was the number of patients diagnosed as having AIDS, ARC,
   prodromal AIDS or HIV related disease and illness (HTLV-III/LAV)?...41 _____

   Enter the number 1 if your facility offered a specialized program for Alzheimer's patients? ....42 _____

   During the calendar year, what was the number of patients who had a primary or secondary diagnosis of
   Alzheimer's Disease?..43_____

Long-term Care Services (Continued)
TABLE B – LONG TERM CARE INPATIENT UTILIZATION

COMPLETE LINES 1-4, COLUMNS 1-6, USING THE FOLLOWING:
(Line 1) + (Line 2) - (Line 3) = Line 4

Enter on Line 2, Col. 7-12, the number of LTC patients admitted from each place shown. The sum of line 2 (ADMISSIONS) columns 7-12 must equal the amount shown on line 2 column 6 (**Total**)

Enter on Line 3, Col. 7-14, the number of LTC patients discharged to each place shown. The sum of line 3 (DISCHARGES) columns 7-14 must equal the amount shown on line 3 column 6 (Total)

Enter on Line 4, Col. 7-14, the number of LTC patients in the hospital on December 31, whose principal source of payments was from the sources shown. The sum of line 4 (CENSUS) columns 7-14 must equal the amount shown on line 4 column 6 (Total)

		SN (Gen)	IC (Gen)	SN (MD)	IC (DD)	Cong. Living	Total	Home	Hospital	State Hospital	Other LTC	Residential Bd & Care	Other		
Dec. 31, 2000 Census	Ln. 1														
(+) Admissions	Ln. 2													AWOL	Death
(-) Discharges	Ln. 3														
Dec. 31, 2001 Census	Ln. 4											■■■	■■■		
Patient Days	Ln. 5							**7** Medicare	**8** Medi-Cal	**9** HMO	**10** Private Ins.	**11** Private Pay	**12**	**13**	**14** Other
Licensed Beds	Ln. 6	■■■	■■■	■■■	■■■	■■■	■■■								
Licensed Bed Days	Ln. 7	■■■	■■■	■■■	■■■	■■■	■■■								
Cols.		**1**	**2**	**3**	**4**	**5**	**6**	Please Refer to the Instructions							

A. TOTAL NUMBER OF LTC INPATIENTS

1. Number of Inpatients in the Facility on December 31 of the Reporting Year .... _____

2. Number of **Male** Inpatients on December 31 of the Reporting Year. .... _____

3. Number of **Female** Inpatients on December 31 of the Reporting Year.. _____

B. RACE/ETHNICITY AND AGE OF MALE LTC INPATIENTS ON DECEMBER 31.
Report These Patients by the Appropriate Age Groups:

	COL. 1 <45	COL. 2 45-54	COL. 3 55-64	COL. 4 65-74	COL. 5 75-84	COL. 6 85-94	COL. 7 95+
4. White	_____	_____	_____	_____	_____	_____	_____
5. Black	_____	_____	_____	_____	_____	_____	_____
6. Hispanic	_____	_____	_____	_____	_____	_____	_____
7. Asian	_____	_____	_____	_____	_____	_____	_____
8. Filipino	_____	_____	_____	_____	_____	_____	_____
9. Pac Islander	_____	_____	_____	_____	_____	_____	_____
10. Native Am	_____	_____	_____	_____	_____	_____	_____
11. Other	_____	_____	_____	_____	_____	_____	_____
12. Total	_____	_____	_____	_____	_____	_____	_____

C. RACE/ETHNICITY AND AGE OF FEMALE LTC INPATIENTS ON DECEMBER 31.
Report These Patients by the Appropriate Age Groups:

	COL. 1 <45	COL. 2 45-54	COL. 3 55-64	COL. 4 65-74	COL. 5 75-84	COL. 6 85-94	COL. 7 95+
13. White	_____	_____	_____	_____	_____	_____	_____
14.. Black	_____	_____	_____	_____	_____	_____	_____
15. Hispanic	_____	_____	_____	_____	_____	_____	_____
16. Asian	_____	_____	_____	_____	_____	_____	_____
17. Filipino	_____	_____	_____	_____	_____	_____	_____
18. Pac Islander	_____	_____	_____	_____	_____	_____	_____
19. Native Am	_____	_____	_____	_____	_____	_____	_____
20. Other	_____	_____	_____	_____	_____	_____	_____
21. Total	_____	_____	_____	_____	_____	_____	_____

A.   MEDI-CAL SUBACUTE CARE PATIENTS

1. Total number of **Medi-Cal Subacute Care Beds** contracted for on December 31   _____

	Col. 1 Age 20 and Under	Col. 2 Age 21 and Over
2. Number of Medi-Cal Subacute Patients in the Facility on December 31.	_____	_____
3. Number of Medi-Cal Subacute Patients Admitted During the Year.	_____	_____
4. Number of Medi-Cal Subacute Patients Discharged During the Year.	_____	_____
5. Number of Medi-Cal Subacute Patient Days.	_____	_____

B.   PLACE WHERE _MEDI-CAL SUBACUTE_ PATIENTS REPORTED ON LINE 3 WERE ADMITTED FROM:

10.	Home	_____	_____
11.	State Hospital	_____	_____
12.	Residential Board and Care	_____	_____
13.	Hospital	_____	_____
14.	Other LTC	_____	_____
15.	Specified Other	_____	_____

C.   PLACE WHERE _MEDI-CAL SUBACUTE_ PATIENTS REPORTED ON LINE 4 WERE DISCHARGED TO:

20.	Home	_____	_____
21.	State Hospital	_____	_____
22.	Residential Board and Care	_____	_____
23.	Hospital	_____	_____
24.	Other LTC	_____	_____
25.	Specified Other	_____	_____
26.	Death	_____	_____

D.   REPORT THE NUMBER OF _MEDI-CAL SUBACUTE_ PATIENTS ON December 31 THAT REQUIRED THE TREATMENT/PROCEDURES LISTED. (A patient may require more than one treatment/procedure:)

31.	Tracheostomy with Ventilator	_____	_____
32.	Tracheostomy without Ventilator	_____	_____
33.	Tube feeding (nasogastric or gastrostomy)	_____	_____
34.	Total Parenteral Nutrition (TPN)	_____	_____
35.	Physical Therapy	_____	_____
36.	Speech Therapy	_____	_____
37.	Occupational Therapy	_____	_____
38.	IV Therapy	_____	_____
39.	Wound Care	_____	_____
40.	Peritoneal Dialysis	_____	_____